

CLAIMANT'S PERSONAL PROPERTY CLAIMS PROCESS/CHECKLIST

Statute of Limitations. A claim must be presented in writing to a military installation within 2 years after it accrues (date of delivery of personal property or date of incident, i.e., Quarters fire). This requirement is statutory and may not be waived except if claim accrues during armed conflict, or armed conflict intervenes before the 2 year period, and good cause is shown.

Claims Process. After the claim is filed and all documentation has been presented, the claim file is processed at a Marine Corps Field Claims Office with adjudication/settlement authority up to \$1000.00, \$2500.00 or \$3000.00 or \$5000.00 for transportation claims. All other claims are forwarded to HQMC (MRP-2) for adjudication/settlement. Claimant should receive a post card from MRP-2 Claims acknowledging receipt of your claim. After the claim is approved, you will receive a copy of the adjudicated DD Form 1844, outlining the amount allowed with explanation for each item claimed. Claimant will be advised of the method of payment (Electronic funds transfer (EFT) by DFAS-KC into his/her direct deposit account or if separating or separated payment may be by check if there is no EFT).

THIS CHECKLIST IS A MANDATORY PART OF YOUR CLAIM PACKET SUBMISSION

INITIALS	THIS CHECKLIST IS TO BE SUBMITTED WITH YOUR CLAIMS PACKET
1.	Include one copy of each document, unless stated otherwise below. Keep one copy of each document for your records. Initial each line to signify the document exists in supporting your claim. Note: The DD Form 1840 you submitted is not your claim, but a notification of Loss/Damage to the Carrier
2.	DD Form 1840 , Joint Statement of Loss or Damage at Delivery and DD Form 1840R (reverse side of the DD 1840), Notice of Loss or Damage
2a.	I understand as stated on the DD Form 1840 I signed at time of delivery that I have a 70 day deadline to complete and turn-in my DD Form 1840R to the local TMO or any Service Claims Office of any additional loss or damage found. The amount allowed on the claim normally will be reduced for items claimed that are <u>not</u> on the DD Form 1840/1840R. The DD Form 1840R must be DISPATCHED by the TMO or the claims office to the carrier within 75 days from the date of delivery of your household goods/shipment
3.	DD Form 1842 , Claim for Loss of or Damage to Personal Property Incident to Service
3a.	I have completed every section of the DD Form 1842, including block 9 (Amount claimed from the DD Form 1844) and block 10 (Circumstances of loss or damage)
3b.	If I have private insurance for loss of or damage to my personal property, I understand I must submit a demand against the insurer for payment at the same time I submit my claim against the Government, and I understand that I will not be paid by the Government until my claim is adjudicated by the private insurer. For claims for damage to POV's, the Declarations Page of your policy showing types and limits on coverage will suffice. I have included a copy of any correspondence, especially the document showing the breakdown of payments for items claimed, from my insurance company.
3c.	Power of Attorney, if I have authorized someone else to file my claim, or receive payment.
4.	DD Form 1844 , List of Property and Claims Analysis Chart
4a.	I have completed each section, including dates of pickup and delivery, GBL number, description of damage to each item claimed, original costs, months and years of purchase, repair costs, replacement costs, inventory numbers to include block 13 (amount claimed (this amount is entered on the DD Form 1842 block 9))
4b.	Number each estimate or replacement cost with the same line number as the damaged item from the DD Form 1844
5.	Replacement costs for each item:
5a.	Items with a replacement cost of \$100.00 or more must be verified by clippings from catalogs, newspapers advertisements, etc. which show pictures and prices of identical or comparable items or written estimates from a firm which sells identical or comparable items.
5b.	For each missing item not specifically described on the inventory (i.e., make, model, size), with a value in excess of \$100.00, you will be required to provide proof that the item claimed was of the same quality as the replacement item submitted. You should submit purchase receipts, copies of cancelled checks, credit card bills, or a picture of the damage or missing items along with two examples (catalog, newspaper advertisement, etc.) to substantiate ownership/retail value of items claimed. If you cannot provide any of these examples of proof listed above, you need to discuss alternative methods with the claims office.
6.	Repair costs for each item (other than electronic items)
6a.	For repair costs over \$100.00, I will need an estimate from a firm that is in the business of repairing such items, (e.g., washer and dryer from an appliance repair firm). If the item is damaged beyond economical repair, the estimate must state this and I must submit evidence to prove the replacement price of the item as described above. The estimate should clearly state the specific location and damages that are being repaired. An estimate that simply shows "repair" or "refinished" is not satisfactory.
6b.	If you have pictures of visible damage to items, please include them. However, you will not be reimbursed for the cost of the pictures.
7.	Additional Estimates of Repair or Proof of Replacement Costs
	The claims officer may require additional estimates of repair or proof of replacement costs for any item listed on the DD Form 1844 while in the process of adjudicating your claim, especially for those items with repair or replacement costs exceeding \$100.00, or if the repair or replacement cost is excessive for the average repair or replacement of like items in your area.
8.	Electronic Items with Internal Damage
	For each electronic item with internal damage such as TV's, stereos, computers, refrigerators, etc., I must submit an electronic repair form that is completed by the repair firm in the business of repairing such items. You should have a copy of this form in your

	claims packet. You may obtain this form at any TMO office or claims office. I also must submit a signed and dated statement attesting the condition of the item at time my personal property was picked up and the condition of the item at time of delivery.
9.	CD's, Cassettes and Video Tapes. I have individually listed all my missing CD's, cassettes and video tapes.
10.	Re-Upholstery.
	The estimate (two estimates if over \$100.00) must state that: (1) The materials used are of comparable value to the original material; (2) that patching, reweaving, using material from a different portion of the item or any less expensive method of repair is not possible; (3) List cost of labor and materials separately.
11.	Inventory Sheets. I have submitted all inventory sheets received from the carrier.
12.	Government Bill of Lading (GBL). Submit your Government Bill of Lading (GBL). Note: Claims Investigating Officer, please help claimant to obtain GBL from TMO/Carrier
13.	Orders for Shipment of Household Goods. I am submitting my orders authorizing shipment/storage (with amendments)
14.	Incident Report (non-transportation) I have submitted a copy of PMO Incident Report or other independent verification to the events that occurred.
15.	Electronic Funds Transfer Form. I have submitted an Electronic Funds Transfer (EFT) Form that is mandatory for my claims payment.

I understand that if any information is missing, my claim will be placed on hold until I update my file. I will not dispose of any damaged or destroyed items, except glass (other than figurines, antiques or crystal with a value in excess of \$50.00), or items that are a safety or health hazard, until I call the claims office and confirm the items need not be held for salvage by the carrier.

I acknowledge that I have completed this checklist. I understand that I must submit my claim within 2 years from the date of delivery of my household goods or date of incident (i.e., disaster). I have initialed the above items that are included in my claims package.

I understand that I am subject to prosecution for any false claims information/documentation submitted.

PRINT CLAIMANT'S NAME <i>(Last, First, MI)</i>	RANK
CLAIMANT'S SIGNATURE	DATE